

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 DEC 15 PM 2:40

Full Name of Committee Committee To Elect Judge Maynard						Registration Number, if PAC BOARD OF ELECTIONS					
Full Name of Candidate William Dwayne Maynard											
Street Address 7903 Wiltshire Court						Office Sought Municipal Judge				District	
City Dublin						State O H		Zip Code 43016			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July		August		September		Termination		Semiannual		
	Monthly		Monthly		Monthly						
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 1 1		D 0 8	
								Y 0 5			

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 21,215.10
2. Total monetary contributions (From Form No. 31-A)	\$ 26,375.00
3. Total other income (From Form No. 31-A-2)	\$ 10,755.49
4. Total funds available (sum of lines 1, 2, 3)	\$ 58,345.59
5. Total monetary expenditures (From Form No. 31-B)	\$ 56,228.01
6. Balance on hand (line 4 minus line 5)	\$ 2,117.58
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 11,500.00
10. Outstanding debts owed by committee (From Form No. 31-M)	\$ 5,105.24
11. Outstanding loans owed to committee (From Form No. 31-J)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Wiley E. Bates, Jr. - Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution
pages 8

Expenditure
pages 2

Other
pages 9

Total
pages 19

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Judge Maynard									
To Whom Paid Buckeye Printing						M	D	Y	Amount
						1	1	0	742.79
Address 217 N. Grant Avenue			Purpose Postage and Mailing Costs						
City Columbus			State O	H	Zip Code 43215	Check Number 2019			
To Whom Paid Judge Michael T. Brandt						M	D	Y	Amount
						1	1	1	675.27
Address 375 S. High Street			Purpose Reimbursement For Joint Direct Mailing						
City Columbus			State O	H	Zip Code 43215	Check Number 2020			
To Whom Paid 309 LTD						M	D	Y	Amount
						1	1	1	1,300.00
Address			Purpose Radio Blast Calls						
City Columbus			State O	H	Zip Code 43215	Check Number 2021			
To Whom Paid Adventures In Advertising						M	D	Y	Amount
						1	1	2	287.21
Address 5028 Paysphere Circle			Purpose Tee Shirts						
City Chicago			State I	L	Zip Code 60674	Check Number 2022			
To Whom Paid Communication Counsel						M	D	Y	Amount
						1	1	2	1,150.00
Address 37 W. Broad Street			Purpose Political Consulting						
City Columbus			State O	H	Zip Code 43215	Check Number 2023			
To Whom Paid Val Pak						M	D	Y	Amount
						1	1	2	1,500.00
Address P.O. Box 16868			Purpose Direct Mail - Campaign Literature						
City Columbus			State O	H	Zip Code 43215	Check Number 2024			
To Whom Paid Bank One						M	D	Y	Amount
						1	0	3	14.12
Address			Purpose Service Charge						
City			State		Zip Code	Check Number			
To Whom Paid Bank One						M	D	Y	Amount
						1	1	3	14.12
Address			Purpose						
City			State		Zip Code	Check Number			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Judge Maynard									
To Whom Paid Buckeye Printing						M	D	Y	Amount
						1	0	2	0
						0	5		500.00
Address 217 N. Grant Avenue				Purpose Postage Job 1145					
City Columbus		State O H		Zip Code 43215		Check Number 2010			
To Whom Paid Buckeye Printing						M	D	Y	Amount
						1	0	2	0
						0	5		1,555.35
Address 217 N. Grant Avenue				Purpose Campaign Literature					
City Columbus		State O H		Zip Code 43215		Check Number 2011			
To Whom Paid Midwest Communication & Media						M	D	Y	Amount
						1	0	2	4
						0	5		20,000.00
Address 49 S. Grant Avenue				Purpose TV Advertisements					
City Columbus		State O H		Zip Code 43215		Check Number 2012			
To Whom Paid SOS Video & Communiations						M	D	Y	Amount
						1	0	2	4
						0	5		2,489.15
Address 612 Park Street				Purpose TV Production Costs					
City Columbus		State O H		Zip Code 43215		Check Number 2014			
To Whom Paid Milkcrate Concepts						M	D	Y	Amount
						1	0	2	5
						0	5		1,000.00
Address 309 S. Fourth Street				Purpose TV Advertisements					
City Columbus		State O H		Zip Code 43215		Check Number 2015			
To Whom Paid Midwest Communication & Media						M	D	Y	Amount
						1	0	2	8
						0	5		7,500.00
Address 49 S. Grant Avenue				Purpose TV Advertisements					
City Columbus		State O H		Zip Code 43215		Check Number 2016			
To Whom Paid Midwest Communication & Media						M	D	Y	Amount
						1	0	2	8
						0	5		15,000.00
Address 49 S. Grant Avenue				Purpose TV Advertisements					
City Columbus		State O H		Zip Code 43215		Check Number 2017			
To Whom Paid Midwest Communication & Media						M	D	Y	Amount
						1	0	3	1
						0	5		2,500.00
Address 49 S. Grant Avenue				Purpose					
City Columbus		State O H		Zip Code 43215		Check Number 2018			

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard							
Full Name of Contributor Rebecca Gooch				Registration Number, if PAC			
Street Address 4878 Berry Leaf Pl		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City Hilliard		State O H	Zip Code 43206	Form(Cash, Check, etc) Check			
Full Name of Contributor Tannisha D. Bell				Registration Number, if PAC			
Street Address 617 Worthington Forest Pl		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	25.00
City Columbus		State O H	Zip Code 43229	Form(Cash, Check, etc) Check			
Full Name of Contributor Mark Collins				Registration Number, if PAC			
Street Address 673 Mohawk Street Suite 202		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City Columbus		State O H	Zip Code 43206	Form(Cash, Check, etc) Check			
Full Name of Contributor Janet Jackson				Registration Number, if PAC			
Street Address 2865 Castlewood Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	100.00
City Columbus		State O H	Zip Code 43209	Form(Cash, Check, etc) Check			
Full Name of Contributor W. James Sika				Registration Number, if PAC			
Street Address 1681 Laramie Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	25.00
City Powell		State O H	Zip Code 43065	Form(Cash, Check, etc) Check			
Full Name of Contributor George Georgeff				Registration Number, if PAC			
Street Address 107 Granville Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	75.00
City Gahanna		State O H	Zip Code 43230	Form(Cash, Check, etc) Check			
Full Name of Contributor E. Dennis Muchnicki				Registration Number, if PAC			
Street Address 270 Glover Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	75.00
City Dublin		State O H	Zip Code 43017	Form(Cash, Check, etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 400.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard					
Full Name of Contributor Jo E. Kaiser				Registration Number, if PAC	
Street Address 2103 Scenic Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Lancaster	State O	Zip Code 43130	Amount 25.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Steven Mathless				Registration Number, if PAC	
Street Address 800 E. Broad Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43205	Amount 100.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Charles William McGowan				Registration Number, if PAC	
Street Address 601 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 150.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Kyle Hunter				Registration Number, if PAC	
Street Address 601 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Doug Shaw				Registration Number, if PAC	
Street Address 555 City Park	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 100.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Fraternal Order of Police				Registration Number, if PAC	
Street Address 520 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 250.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Tracy Allen Younkin				Registration Number, if PAC	
Street Address 495 S. High Street Suite 250	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 100.00	Form(Cash, Check, etc) Check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 775.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard					
Full Name of Contributor Koffel & Jump				Registration Number, if PAC	
Street Address 2130 Arlington Avenue	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43221	Form(Cash, Check, etc) Check		Amount 1,000.00
Full Name of Contributor Saia & Piatt				Registration Number, if PAC	
Street Address 713 S. Front Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43206	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Nancy K. Wonnel				Registration Number, if PAC	
Street Address 330 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor John Lloyd				Registration Number, if PAC	
Street Address 2043 Slack Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Delaware	State O	Zip Code 43068	Form(Cash, Check, etc) Cash		Amount 50.00
Full Name of Contributor Dennis Day				Registration Number, if PAC	
Street Address 330 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Cash		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount 0.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount 0.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,525.00

Total expenditures this event

Page Total \$ 1,350.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard					
Full Name of Contributor Jon C. Szekely				Registration Number, if PAC	
Street Address 6591 Greens Way Loop	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State O	Zip Code 43016	8	0	5
			Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Thomas Edwards				Registration Number, if PAC	
Street Address 8022 Croginhall Ct	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State O	Zip Code 43017	8	0	5
			Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Steve Walsh				Registration Number, if PAC	
Street Address 7302 Earlsford Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State O	Zip Code 43017	8	0	5
			Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash, Check, etc)		Amount 0.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash, Check, etc)		Amount 0.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash, Check, etc)		Amount 0.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash, Check, etc)		Amount 0.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

225.00

Total expenditures this event

Page Total \$ **225.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard					
Full Name of Contributor Onda, Labuhn & Ranklin				Registration Number, if PAC	
Street Address 266 N. Fourth Street Suite 100	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Joseph E. Scott				Registration Number, if PAC	
Street Address 35 E. Livingston Avenue	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Thomas Taneff				Registration Number, if PAC	
Street Address 600 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Yavitch & Palmer Co. LPA				Registration Number, if PAC	
Street Address 511 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 300.00
Full Name of Contributor Phillip L. Allen				Registration Number, if PAC	
Street Address 600 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Sean H. Maxfield				Registration Number, if PAC	
Street Address 825 S. Front Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43206	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor John William Ferron				Registration Number, if PAC	
Street Address 6262 Deeside Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Dublin	State O	Zip Code 43917	Form(Cash, Check, etc)		Amount 150.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,200.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard					
Full Name of Contributor Todd W. Barstow				Registration Number, if PAC	
Street Address 2904 United Ct	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Lisa A. Aucoin				Registration Number, if PAC	
Street Address 4281 Hanging Rock Court	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State OH	Zip Code 43230	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount 0.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount 0.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount 0.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount 0.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1,600.00

Total expenditures this event

Page Total \$ 400.00

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee To Elect Judge Maynard											
From Whom Received William Dwayne Maynard								Prior Amount 1,250.00		Amt. Incurred this Period 0.00	
Address 7903 Wiltshire Court										Outstanding Balance 1,250.00	
City Dublin		State OH		Zip Code 43016		Loans Received This Period				Payments This Period	
						Date		Amount		Date	
Date Loan was originally Incurred		M		D		Y		\$		M	
		0		5		0		5		0	
		5		0		5		0		5	
								600			
Registration Number, if PAC		M		D		Y				M	
		0		7		2		3		0	
		5		0		5		400			
								250			
Employer/Occupation/Labor Organization*		M		D		Y				M	
		1		0		0		6		0	
		5		0		5				0	
From Whom Received Franklin County Republican Party								Prior Amount		Amt. Incurred this Period	
Address 14 E. Gay Street										5,000.00	
										Outstanding Balance 5,000.00	
City Columbus		State OH		Zip Code 43215		Loans Received This Period				Payments This Period	
						Date		Amount		Date	
Date Loan was originally Incurred		M		D		Y		\$		M	
		1		0		2		7		0	
		5		1		0		2		7	
								5000			
Registration Number, if PAC		M		D		Y				M	
										M	
										M	
Employer/Occupation/Labor Organization*		M		D		Y				M	
										M	
										M	
From Whom Received William Dwayne Maynard								Prior Amount 0.00		Amt. Incurred this Period 5,250.00	
Address 7903 Wiltshire Court										Outstanding Balance 5,250.00	
City Dublin		State OH		Zip Code 43016		Loans Received This Period				Payments This Period	
						Date		Amount		Date	
Date Loan was originally Incurred		M		D		Y		\$		M	
		1		0		2		2		0	
		5		1		0		2		2	
								5000			
Registration Number, if PAC		M		D		Y				M	
		1		0		2		8		0	
		5		1		0		2		8	
								200			
Employer/Occupation/Labor Organization*		M		D		Y				M	
										M	
										M	

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 1,250.00
- Total received this period \$ 10,250.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 11,500.00 (To Form No. 30-A)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Judge Maynard							
Full Name From Form 31C				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
							10,250.00
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name Buckeye Printing & Mailing Service				Registration Number, if PAC			
Address 217 North Grant		Type*		M	D	Y	Amount
		R E		1	0	2	500.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name Bank One				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		I N		1	0	3	4.05
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name Bank One				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		I N		1	1	3	1.44
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash, Check, etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
							0.00
City		State	Zip Code	Form(Cash, Check, etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 10,755.49

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Committee To Elect Judge Maynard									
To Whom Owed Scharfenberger Company						Prior Amount 0.00		Amt. Incurred this Period 2,386.76	
Address 2534 Commerce Blvd						Item or Purpose for Debt Yard Signs		Outstanding Balance 2,386.76	
City Cincinnati				State O H		Zip Code 45241		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y 0 9 3 0 0 5		M D Y 0 9 3 0 0 5		\$	
Registration Number, if PAC						M D Y 0 9 3 0 0 5			
To Whom Owed Value Pak						Prior Amount 0.00		Amt. Incurred this Period 2,650.00	
Address P.O. 16868						Item or Purpose for Debt Direct Mail		Outstanding Balance 2,650.00	
City Columbus				State O H		Zip Code 43216		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y 0 9 3 0 0 5		M D Y 0 9 3 0 0 5		\$	
Registration Number, if PAC						M D Y 0 9 3 0 0 5			
To Whom Owed Lionel Jones						Prior Amount 68.48		Amt. Incurred this Period 0.00	
Address 4155 A Aston Martin Court						Item or Purpose for Debt Fund Raiser		Outstanding Balance 68.48	
City Columbus				State O H		Zip Code 43232		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y 0 9 3 0 0 5		M D Y 0 9 3 0 0 5		\$	
Registration Number, if PAC						M D Y 0 9 3 0 0 5			

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B).
Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 5,105.24 (also record on cover page)

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard									
Full Name of Contributor Woody Fox						Registration Number, if PAC			
Street Address 571 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 1	D 0	Y 2	2	0	Amount 250.00
Full Name of Contributor John Ryan Gall						Registration Number, if PAC			
Street Address 41 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215-6150	M 1	D 0	Y 2	2	0	Amount 100.00
Full Name of Contributor L. J. McCord						Registration Number, if PAC			
Street Address 844 S. Front Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43206	M 1	D 0	Y 2	2	0	Amount 300.00
Full Name of Contributor Celestine Maynard						Registration Number, if PAC			
Street Address 3701 Mayfield Rd #101			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cleveland Hts	State O	H H	Zip Code 44121	M 1	D 0	Y 2	2	0	Amount 200.00
Full Name of Contributor Nina L. Jackson						Registration Number, if PAC			
Street Address 1241 Haddon Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43209-2926	M 1	D 0	Y 2	2	0	Amount 50.00
Full Name of Contributor Alex Shumate						Registration Number, if PAC			
Street Address 229 Deer Meadow Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O	H H	Zip Code 43230	M 1	D 0	Y 2	2	0	Amount 100.00
Full Name of Contributor Koltak & Gibson, LLP						Registration Number, if PAC			
Street Address 5 E. Long Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 1	D 0	Y 2	2	0	Amount 200.00
Full Name of Contributor Charlene Hollel / Committee For Dewey Stokes						Registration Number, if PAC			
Street Address 750 Willow Bend Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43204-1432	M 1	D 0	Y 2	2	0	Amount 400.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,600.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard													
Full Name of Contributor W. Joseph Edwards						Registration Number, if PAC							
Street Address 495 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 1 0		D 2 0		Y 0 5		Amount 350.00	
Full Name of Contributor Lea L. Malik / Baker & Hostetler LLP						Registration Number, if PAC OH 125							
Street Address 3200 National City Center			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Cleveland		State O H		Zip Code 44114-3845		M 1 0		D 2 0		Y 0 5		Amount 250.00	
Full Name of Contributor John D. Moore, Jr.						Registration Number, if PAC							
Street Address 7918 Slate Ridge Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Reynoldsburg		State O H		Zip Code 43068		M 1 0		D 2 0		Y 0 5		Amount 300.00	
Full Name of Contributor Samuel B. Weiner Co, LPA						Registration Number, if PAC							
Street Address 743 S. Front Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43206		M 1 0		D 2 4		Y 0 5		Amount 500.00	
Full Name of Contributor Columbus Franklin County AFL CIO PCE						Registration Number, if PAC							
Street Address 1545 Alum Creek Drive - 2nd Fl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43209		M 1 0		D 2 5		Y 0 5		Amount 200.00	
Full Name of Contributor Jeffrey A. Berndt						Registration Number, if PAC							
Street Address 575 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 1 0		D 2 5		Y 0 5		Amount 200.00	
Full Name of Contributor Franklin County Republican Club PAC						Registration Number, if PAC							
Street Address 607 Durrin Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43213-3477		M 1 0		D 2 5		Y 0 5		Amount 700.00	
Full Name of Contributor Allen J. Reis						Registration Number, if PAC							
Street Address 3250 Knoll Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Gahanna		State O H		Zip Code 43230		M 1 0		D 2 5		Y 0 5		Amount 200.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,700.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard												
Full Name of Contributor Columbus Sheet Metals Workers						Registration Number, if PAC OH 1053						
Street Address 3035 Lamb Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43219		M 1 0		D 2 7		Y 0 5		Amount 250.00
Full Name of Contributor Javitch, Block & Rathbone LLP						Registration Number, if PAC OH 125						
Street Address 1300 E. Ninth Street - 14th Floor			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Cleveland		State O H		Zip Code 44114-1503		M 1 0		D 2 7		Y 0 5		Amount 50.00
Full Name of Contributor Franklin County Republican Party						Registration Number, if PAC						
Street Address 14 E. Gay Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 2 7		Y 0 5		Amount 10,000.00
Full Name of Contributor Chester Willcox & Saxbe						Registration Number, if PAC OH 843						
Street Address 65 E. State Street Suite 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 3 0		Y 0 5		Amount 500.00
Full Name of Contributor Franklin V. Duffu						Registration Number, if PAC						
Street Address 1454 Wakefield Court, E.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 3 0		Y 0 5		Amount 75.00
Full Name of Contributor Connor Behal LLP						Registration Number, if PAC						
Street Address 501 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 1		D 0 3		Y 0 5		Amount 350.00
Full Name of Contributor Edwin L. Malek						Registration Number, if PAC						
Street Address 1227 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 1		D 0 3		Y 0 5		Amount 150.00
Full Name of Contributor Thomas D. Beal						Registration Number, if PAC						
Street Address 755 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43206		M 1 1		D 0 3		Y 0 5		Amount 50.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 11,425.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard												
Full Name of Contributor Lane, Alton & Horst						Registration Number, if PAC						
Street Address 175 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215-5100		M 1 1		D 0 3		Y 0 5		Amount 250.00
Full Name of Contributor Terry D. Van Horn						Registration Number, if PAC OH 125						
Street Address P.O. Box 06408			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43206-0408		M 1 0		D 2 8		Y 0 5		Amount 200.00
Full Name of Contributor Carlile, Patchen & Murphy LLP						Registration Number, if PAC						
Street Address 366 E. Broad Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 2 8		Y 0 5		Amount 500.00
Full Name of Contributor Jeffrey A. Berndt						Registration Number, if PAC						
Street Address 575 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 2 8		Y 0 5		Amount 150.00
Full Name of Contributor Ohio Merchants Committee						Registration Number, if PAC						
Street Address 50 W. Broad Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215-3367		M 1 0		D 2 8		Y 0 5		Amount 250.00
Full Name of Contributor Frederick T. Moses						Registration Number, if PAC						
Street Address 19538 Carroll Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Rockbridge		State O H		Zip Code 43149		M 1 0		D 2 8		Y 0 5		Amount 100.00
Full Name of Contributor Garth G. Cox						Registration Number, if PAC						
Street Address 3327 Hidden Meadow Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Lewis Center		State O H		Zip Code 43035		M 1 0		D 2 8		Y 0 5		Amount 250.00
Full Name of Contributor David F. Beck						Registration Number, if PAC						
Street Address 1896 W. 1st Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43212		M 1 0		D 2 8		Y 0 5		Amount 150.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,850.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard							
Full Name of Contributor Thomas A. Gjostein					Registration Number, if PAC		
Street Address 1414 Lake Shore Dr - Apt A		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204-4830	M 1 0	D 2 8	Y 0 5	Amount 50.00	
Full Name of Contributor James J. Andrioff					Registration Number, if PAC		
Street Address 5888 Taha Hill Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1 0	D 2 8	Y 0 5	Amount 150.00	
Full Name of Contributor Mary T. Wiggins					Registration Number, if PAC		
Street Address 43317 Crystal Lake Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Leesburg	State V A	Zip Code 20176	M 1 0	D 2 8	Y 0 5	Amount 100.00	
Full Name of Contributor Joseph R. Landusky II					Registration Number, if PAC		
Street Address 901 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1 0	D 2 8	Y 0 5	Amount 100.00	
Full Name of Contributor Yvette McGee Brown					Registration Number, if PAC		
Street Address 643 Crossing Creek S.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 2 8	Y 0 5	Amount 100.00	
Full Name of Contributor Brent C. Maynard					Registration Number, if PAC		
Street Address 3105 Dunkagle Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bowie	State M D	Zip Code 20721	M 1 0	D 2 8	Y 0 5	Amount 100.00	
Full Name of Contributor Marie Polite					Registration Number, if PAC		
Street Address 984 Poppy Hills Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blackick	State O H	Zip Code 43004	M 1 1	D 0 5	Y 0 5	Amount 100.00	
Full Name of Contributor Culbreath and Associates					Registration Number, if PAC		
Street Address 90 N. Nelson Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 1 1	D 1 3	Y 0 5	Amount 200.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 900.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard									
Full Name of Contributor Perez & Morris LLC						Registration Number, if PAC			
Street Address 8000 Ravine's Edge Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1	D 1	Y 0	Y 3	Y 0	Y 5	Amount 2,000.00
Full Name of Contributor Mary Ann Schmidt						Registration Number, if PAC			
Street Address 2816 Haggett Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Twinsburg	State O H	Zip Code 44087-2940	M 1	D 1	Y 0	Y 3	Y 0	Y 5	Amount 50.00
Full Name of Contributor James D. Viets						Registration Number, if PAC			
Street Address 620 E. Broad Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 0	Y 5	Y 0	Y 5	Amount 100.00
Full Name of Contributor Jeffrey G. Thompson						Registration Number, if PAC			
Street Address 601 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 0	Y 5	Y 0	Y 5	Amount 100.00
Full Name of Contributor Edward Clark Corley						Registration Number, if PAC			
Street Address 179 Fenley Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214-1407	M 1	D 1	Y 0	Y 5	Y 0	Y 5	Amount 50.00
Full Name of Contributor Benjamin F. Holland						Registration Number, if PAC			
Street Address 183 Trails End			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 1	Y 0	Y 5	Y 0	Y 5	Amount 50.00
Full Name of Contributor James P. Connors						Registration Number, if PAC			
Street Address 281 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 1	Y 0	Y 0	Y 5	Amount 50.00
Full Name of Contributor Godfrey Ibom						Registration Number, if PAC			
Street Address 4933 Dunlap Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 1	D 1	Y 1	Y 0	Y 0	Y 5	Amount 50.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,450.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard												
Full Name of Contributor Karen A. Pettiford						Registration Number, if PAC						
Street Address 7858 Burrwood Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Dublin		State O H		Zip Code 43016		M 1 1		D 1 0		Y 0 5		Amount 50.00
Full Name of Contributor J. Tuffin						Registration Number, if PAC						
Street Address 15694 SW 15th Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Pembroke Pines		State F L		Zip Code 33027		M 1 1		D 1 3		Y 0 5		Amount 500.00
Full Name of Contributor Porter Wright, Morris & Arthur LLP						Registration Number, if PAC						
Street Address 41 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 1		D 1 3		Y 0 5		Amount 250.00
Full Name of Contributor James B. Popovich						Registration Number, if PAC						
Street Address 5823 Castleknock Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Dublin		State O H		Zip Code 43016		M 1 1		D 1 3		Y 0 5		Amount 100.00
Full Name of Contributor Samuel E. Smiley						Registration Number, if PAC						
Street Address 10469 Concord			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Dublin		State O H		Zip Code 43017		M 1 1		D 1 3		Y 0 5		Amount 100.00
Full Name of Contributor Artz & Dewhirst, LP						Registration Number, if PAC						
Street Address 560 E. Town Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City Columbus		State O H		Zip Code 43215		M 1 1		D 1 3		Y 0 5		Amount 100.00
Full Name of Contributor Contributions From Form 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M 1 0		D 2 8		Y 0 5		Amount 225.00
Full Name of Contributor Contributions From Form 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M 1 0		D 2 4		Y 0 5		Amount 2,525.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ **3,850.00**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard									
Full Name of Contributor Contributions From Form 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
			1	0	3	1	0	5	1,600.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
						0.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
						0.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
						0.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
						0.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
						0.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
						0.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
			1	0	2	4	0	5	0.00

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Page Total \$ 1,600.00